

Holiday - Law Enforcement Non-Exempt Employee Who Was Required to Work 6 hours on the Holiday

MOHAVE COUNTY BI-WEEKLY EMPLOYEE TIME

EMPLOYEE Doe Jane B.

(LAST) (FIRST) (M.I.)

EMPLOYEE NUMBER 789

PERIOD ENDING 1-31-09

DEPARTMENT NAME	DATE	Jan	Jan	Jan	Jan	Jan	Jan	Jan	1ST WEEK TOTAL	Jan	Jan	Jan	Jan	Jan	Jan	Jan	2ND WEEK TOTAL	PAY PERIOD TOTAL
<u>100-1900</u>		<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>	<u>22</u>	<u>23</u>	<u>24</u>		<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>	<u>31</u>		
	DAY	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS	SAT	SUN	MON	TUE	WED	THU	FRI	HOURS	
ACTUAL HOURS WORKED				<u>6</u>	<u>8</u>	<u>8</u>	<u>10</u>	<u>8</u>	<u>40</u>			<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>40</u>	<u>80</u>
REGULAR HRS <u>40</u> OVERTIME HRS _____		REGULAR HRS <u>40</u> OVERTIME HRS _____																
HOLIDAY ADDED TO VACATION _____		COMPENSATORY HRS WORKED _____ X 1.5 = _____ COMPENSATORY HOURS ACCRUED THIS PERIOD _____																
HOLIDAY LEAVE				<u>8</u>					<u>8</u>									<u>8</u>
PAID TIME OFF																		
APPROVED EXT. ILLNESS BANK (EIB)																		
COMPENSATORY TIME USED																		
BEREAVEMENT LEAVE																		
OTHER LEAVE (SPECIFY) _____																		
1ST WEEK <u>48</u>										2ND WEEK <u>40</u> <u>88</u>								

I CERTIFY THAT THE TIME REPORTED ABOVE ACCURATELY REFLECTS ACTUAL HOURS WORKED, AND RECOGNIZE THAT FAILURE ON MY PART TO ACCURATELY REPORT ALL HOURS MAY RESULT IN DISCIPLINARY ACTION.

Jane Doe

(SIGNATURE)

I CERTIFY THAT THE HOURS WORKED REFLECTED HEREON REPRESENT, TO THE BEST OF MY KNOWLEDGE, THE ACTUAL NECESSARY SERVICES PERFORMED BY THE EMPLOYEE.

MARK BOSS

(SIGNATURE)

PERSONAL USE OF COUNTY VEHICLES DURING THE TIME PERIOD SHOWN ABOVE WAS AS FOLLOWS (at least one must be applicable):

1. ☐ NO PERSONAL USE 2. ☐ EXEMPT VEHICLE USED ONLY

3. ☐ _____ ONE WAY COMMUTES RATE @ \$ \$1.50 _____

4. ☐ _____ COMMUTING MILES @ 0.585 CENTS/MILE = _____

I REQUEST THAT THE EXCESS HOURS ON THIS TIME SHEET BE ACCRUED AS COMPENSATORY LEAVE TIME.

Excess Hours _____ Comp. Hours Accrued: _____ (excess hours x1.5)

I understand that I cannot accrue more than a total of 60 hours of Compensatory Leave and that I must use Compensatory Leave time before taking PTO leave.

Employee Signature _____ Date _____

Supervisor's Approval _____ Date _____

This employee will receive:
74 hours regular rate of pay; 6 hours holiday overtime; and 8 regular holiday pay hours